

Discharge Monitoring Report (DMR) for the Irrigation System Aquatic Weed NPDES and State Waste Discharge Permit (2010-2012)

See directions for assistance in completing this DMR. **Please fill out all the gray boxes.**

Please complete the following information:

Your permit number:	
Name of irrigation district:	
DMR Year:	
DMR Month:	

	Laboratory Method Used	Method Detection Limit
Acrolein		
Copper		
Xylene		
Endothall		
Hardness		

No Applications: Place an "X" in the box to the left if you did not treat during this month

Treatment Site	Pesticide Used	Date of Treatment	Start Time of Treatment	End Time of Treatment	Point of Compliance Site	Date of Sampling	Time of Sampling	Laboratory Sample Number	Concentration (Laboratory Result)	Units (mg/l or ug/l)	Hardness result in mg/l (if you sampled for copper)	Flow at the point of compliance (CFS)	Comments Required if no sample taken. If there was no discharge from this treatment, write "no discharge" and follow S6.B3.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 18 USC §1001 and 33 USC §1319. (Penalties under these statues may include fines up to \$10,000.00 and/or maximum imprisonment of between six months and five years.)

Name and Title of Principal Executive Officer (Typed or Printed)

Signature of Principal Executive Officer or Authorized Agent

Date